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| --- | --- |
| First Name |  |
| Last Name (at time of employment) |  |
| S.I.N |  | York Employee ID (if known) |  |
| Former Address: | Current Address: |
| **Current Tel #**Daytime Evening Cell  |
| Email Address: |  |
| Period(s) of Time Worked Name all period(s) or provide approximate dates |  |
| Department(s) in which work was performedType of Work performed (brief description) |  |
| Signature: |  |
| Date: |  |

**Pay Equity Adjustment Request Form – CONFIDENTIAL when complete**

Please return by mail to: York University Human Resources

 Attn: Pay Equity Coordinator

 Kinsmen Building

 8 The Chimneystack Road

 York University

 4700 Keele Street

 Toronto, ON M3J 1P3 **OR**

e-mail to: yusa2payequity@yorku.ca